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					COVERPAGE
Recipient Committee	Amendment	Type or print in in	Type or print in ink.		CALIFORNIA 460
Campaign Statement				RECEIVEL	FURIWI
Cover Page (Government Code Sections 84200-84216.5)		Statement covers period from 10/20/02 through 12/31/02	Date of election if applicable: (Month, Day, Year)	City Chark City of Local	Page of
SEE INSTRUCTIONS ON REVERSE		2 4 4 2 3 and 4	2. Type of Statement:		
1. Type of Recipient Commi Officeholder, Candidate Contr O State Candidate Election Control Peccall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Commit O Political Party/Central Con	olled Committee	Ballot Measure Committee Primarily Formed Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Stateme Termination Statemen Mendment (Explain Coluc C	nt Sp t St below)	Jarterly Statement Special Odd-Year Report Jupiemental Preelection Jatement - Attach Form 495 MMAN Page
O / • · · · · ·		1.D. NUMBER 1246792	Treasurer(s)		
3. Committee Information COMMITTEE NAME (OR CANDIDAT	to Elect	larry D. Hanser	MAILING ADDRESS OCITY OCITY	ida S. Han. 28 applewe di CA	SEP) OLD DY. AREA CODE/PHONE 95242 (249)36982
2414 W.K	etteman STATE ZIP	Ln. Ste. 210,33 CODE AREA CODE/PHONE 95242 (209) 747.6	NAME OF ASSISTANT TREATMENT AND ADDRESS	ASURER, IF ANY	/A
MAILING ADDRESS (IF DIFFEREN	10/	O. BOX AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
CITY	SIAIE ZII		OPTIONAL: FAX / E-MAIL	ADDRESS	
OPTIONAL: FAX / E-MAIL ADDR	ESS				
		viewing this statement and to the best of tale of California that the foregoing is to By	Signature of Treasurer or A	ssistant Treasurer ssure Pfoponent of Responsible Officer of	sched schedules is true and complete.
Executed on		Ву	Signature of Controlling Officeholder, Car	didate, State Measure Froponient	FPPC Form 460 (June FPPC Toll-Free Helpline: 867/ASK-F

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from (0/20/02 Page 2 of 3

through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER D. Hansen 1246792 Column B Calendar Year Summary for Candidates Column A Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 4575 1/1 through 6/30 7/1 to Date -1000. 2. Loans Received Schedule B. Line 7 20. Contributions 3575. 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 3625 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ **Expenditures Made Expenditure Limit Summary for State Candidates** 6. Payments Made Schedule E, Line 4 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Total to Date Date of Election (mm/dd/vv) 10. Nonmonetary Adjustment Schedule C*Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. add amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last 5439.27 report. Some amounts in Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ *Since January 1, 2001. Amounts in this section may be carry over the amounts different from amounts reported in Column B. from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ FPPC Form 460 (June/01) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Toll-Free Helpline: 866/ASK-FPPC

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Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be rounded to whole dollars.		from 10/2	131/02	FORM 460	
SEE INSTRUCTIONS ON REVERSE			unough	Pa Pa	ige of	
NAME OF FILER	D. Hansen			1.D. NUMBER 1246792		
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey resipostage, delivery and PRO professional services (PRT print ads	ns nces earch messenger services				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
N/A						
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$:	\$	\$ e	\$	
Schedule F Summary						
Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized)	Schedule F, Column (b) su accrued expenses under 9	btotals for \$100.)	INCL	JRRED TOTALS	\$ <u>&</u>	
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	nedule F, Column (c) subto payments on accrued exp	tals for payments or enses under \$100.)	ı 	PAID TOTALS	s_ <i>O</i>	
Net change this period. (Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.)	nter the difference here and	d		NET	\$ Way be a negative number	
					EDDC Form 460 (lune/01)	